EXHIBIT 1
DATE 2/1/13
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RIMROCK FOUNDATION®

Leading Quality Addiction Treatment in the Northern Rockies

Testimony in favor of the Budget of the Addictive and Mental Disorders Division

Coralee Goni, MS, MBA, MAC
Director of Operations

Last year, we treated over 300 clients in our state assisted inpatient programs. Clients who would not have otherwise been able to receive the services they need for chemical dependency and mental health conditions. According to the Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health, 23.2 million people need treatment, while only 2.4 million receive treatment annually. Montana is among the top states for individuals needing but not receiving treatment for drug use.

Four years ago the Montana legislature authorized funding for the general fund dollars to be spent on helping Montana's indigent residents obtain treatment.

This decision led to the development of the Residential Treatment Expansion Consortium or RTEC, which offers intensive, short-term treatment stabilization and detoxification. Patients could be evaluated medically and psychologically and a treatment plan developed for long-term recovery. The RTEC program, in conjunction with the six state funded beds at RF has allowed for 154 adult patients receive inpatient treatment in the last fiscal year.

These programs have contributed to helping people develop a sober lifestyle and become contributing members of society through four primary goals:

- Increase the length of abstinence
- Decrease involvement with the criminal justice system
- Decrease readmission to inpatient treatment
- Increase the length of gainful employment

One year after admission, unemployment decreased 33%.
Homelessness or dependent living, dropped nearly 20%.
81% of the clients served reported that they did not return to any form of treatment.
88% of clients did not reoffend.

In 2011, the amount of money reimbursed for treatment services was cut, which left non-profit treatment programs scrambling to continue to provide high quality services to desperate clients. One example of this is cutting the reimbursement rate for psychiatric evaluations by $69.00 and decreasing the amount reimbursed for a 35-day treatment stay by $140.00. Due to inflation, all costs associated with treatment have continued to increase, yet our allotted funds have been decreased, making it more and more difficult for us to provide care to those who are already underserved.

Imagine a 32 year-old pregnant female, addicted to opiates, methamphetamine, and marijuana, who came to Rimrock Foundation seeking help for multiple addictions. She received the needed mental health stabilization and intensive treatment in the Ada's House program and applied for the Michel's House program, which she is still attending. She has regained custody of one of her children previously placed in foster care and the second child has been moved to Billings to begin developing a relationship. The new baby was born drug free and into a sober home.

Thanks to you and your colleagues who funded this system of care, we are returning people to real productivity and we are saving our state money. Please remember this as you review the budget of the Chemical Dependency Bureau. Do not be misled into thinking that by cutting some dollars out of the budget, you are saving anything. Such an action cannot begin to save what this one program is already saving this state.

Coralee Goni, MS, MAC, MBA
Director of Operations
Rimrock Foundation

RIMROCK FOUNDATION RESIDENTIAL TREATMENT EXPANSION CONSORTIUM (RTEC) ANNUAL OUTCOMES REPORT

2011 Summary Results

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Introduction

Drug and alcohol abuse is characterized as a chronic, relapsing brain disease that results in compulsive drug seeking behavior, even in the face of detrimental consequences.[i] Substance abuse is among the most costly health problems in the United States. Studies have shown total costs associated with drug abuse are estimated to be over five hundred billion dollars per year in additional health care costs, productivity loss, crime, and incarceration and drug enforcement. [ii] Slightly more than half of Americans aged 12 or older report being current drinkers of alcohol and nearly one quarter of those persons participate in binge drinking[iii]. In Montana, alcohol-related vehicle crashes alone cost the state over $640 million dollars annually.[iv]

Because substance abuse is complex and affects many aspects of a person's life, treatment is not simple. According to the Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health (NSDUH), 23.2 million people need treatment, while only 2.4 million receive treatment annually.[v] In Montana, illicit drug and alcohol abuse[vi] ranks higher than the national average among those 12 years and older.[vii] In addition, Montana is among the top states for individuals needing but not receiving treatment for illicit drug use.[viii] It is estimated over 84,000 individuals who need treatment, do not receive treatment annually.

In 2007, the Montana Legislature authorized funding for the Residential Treatment Expansion Consortium (RTEC) to initiate intensive, short-term treatment stabilization and detoxification. Patients could be evaluated medically and psychologically and a treatment plan could be developed for long-term recovery. Today, RTEC is comprised of seven consortium treatment programs throughout the state of

Montana that provide best practice substance abuse treatment. The goals of treatment include:

- Increase the length of time of non-use
- Decrease the incidence involvement with the criminal justice system
- Decrease the admissions to inpatient treatment
- Increase the length of gainful employment

In addition, RTEC aims to bridge the treatment gap between Public Health and Human Services and the Montana Department of Corrections by providing a continuum of care for chemically dependent clients.[ix]

Rimrock Foundation administers residential treatment at their White Birch and Ada's House residential treatment facility. Patients have an opportunity for individual and group therapy to identify problem areas in their lives. They find self-help sources of support for on-going recovery to begin to resolve the pathology of their compulsive disorders. In addition, patients are provided with an individualized aftercare program and are provided relapse prevention planning to aid in the recovery process.

This report summarizes the results of questionnaires administered and compiled at Rimrock Foundation. The questionnaires detail perceptions of individuals who have used Rimrock Foundation's drug and alcohol rehabilitation services during 2011. The purpose of the surveys is to elicit demographic and employment information as well as general information on a patient's satisfaction of services and overall well-being before and after treatment.

Methodology

Three surveys, consisting of a battery of questions, address a number of areas that relate theoretically and practically to the assessment of patient attitudes and perceptions before and after treatment, particularly with regard to employment, housing, substance abuse, relapse, criminal justice involvement, health status, well-being, and patient satisfaction.

All RTEC patients (79) were given a survey on admission to the program. At discharge, patients were asked to complete a discharge survey. Fifty-four satisfaction surveys were completed at discharge. This represents a response rate of 68 percent at discharge. With a response rate of 54 patients, it can be said with 95% ($p<.05$) confidence that the response percentages reported are with +/-7 percentage points of their true values.[x]

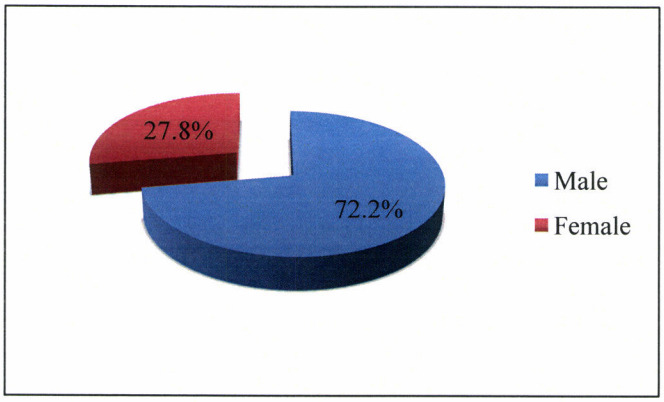
Findings

Demographics

In 2011, an estimated 20.6 million people nationally were classified with substance abuse. About 10 percent of those classified with substance abuse report a dependence and abuse on both alcohol and illicit drugs. These findings represent a slight decrease than those figures reported in 2010 (16.7 million versus 18.0 million, respectively).[xi]

Accordingly, the national rate of substance abuse or dependence for males was about twice as high as the rate for females. In 2011, the rate for males was 10.4 percent; for females, the rate nationally was about 5.7 percent. Figure 1 represents the demographic profile of RTEC patients. Roughly seventy-two percent of respondents were male, while 28 percent of respondents were female.

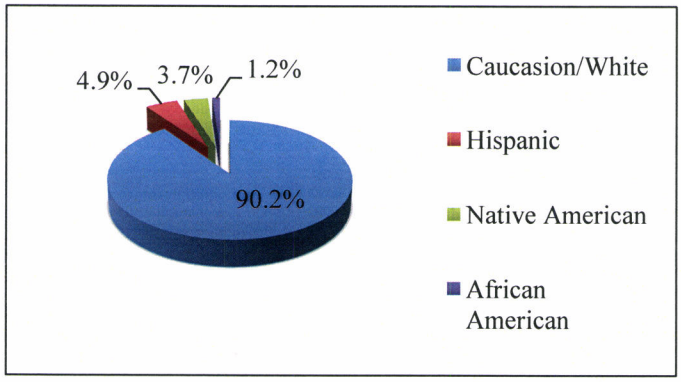
FIGURE 1: Gender



In 2011, the national rates of substance abuse were lowest among Asians (3.3 percent) than among other racial/ethnic groups. The highest rates of substance abuse were reported for American Indians or Alaska Natives (16.8 percent). Whites/Caucasians

report 8.2 percent substance abuse.[xii] Figure 2 summarizes the RTEC patient population according to race and ethnicity.

FIGURE 2: Race/Ethnicity



Overwhelmingly, the largest proportion of RTEC patients described themselves as white/Caucasian (90.2 percent). African Americans represented the smallest proportion of RTEC patients (1.2 percent).

In Montana, unmarried persons commit the highest rates of drug and alcohol abuse.[xiii] This is typical of RTEC patients. Table 1 describes the marital status of RTEC patients. Roughly, only about 11 percent of RTEC patients were married.

TABLE 1: Marital Status

	Percentage
Married	10.8%
Divorced	24.0%
Widowed	2.6%
Separated	14.6%
Never been married	42.7%
Partner of unmarried couple	5.3%

Separated by a few percentage points, about 40 percent of RTEC patients were divorced or separate, while slightly over 40 percent of patients were never married.

For this sample of RTEC patients, the average age at the time of admission was 36 years of age. The oldest patient was 59, and the youngest respondent was 18 years of age. Table 2 provides the age categories at the time of admission.

TABLE 2: Age

	Percentage
18-20 years of age	6.3%
21-30 years of age	26.6%
31-40 years of age	31.6%
41-50 years of age	25.3%
51+ years of age	10.2%

The greatest percentage (31.6 percent) of those admitted was between the ages of 31 and 40. The smallest percentage (6.3 percent) of those admitted was between the ages of 18 and 20.

Employment Status

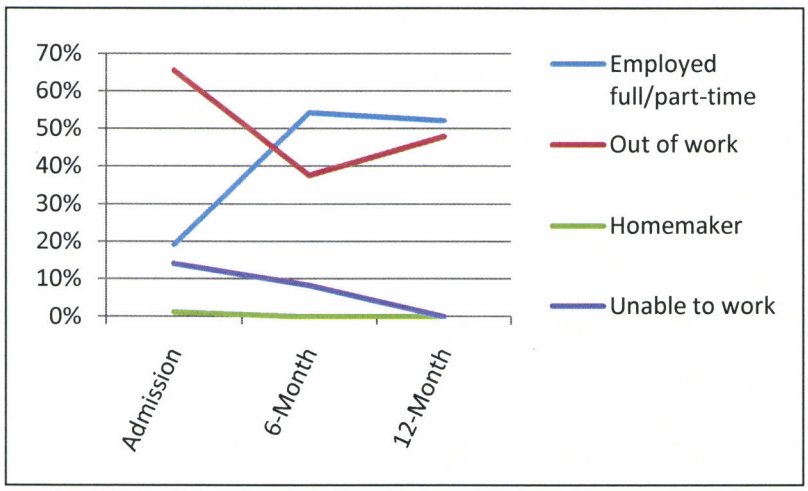
Nationally, rates of substance abuse are associated with current employment status. In 2011, a higher percentage of unemployed adults were classified with substance abuse (14.8 percent) than were full-time employed adults (8.4 percent). Table 3 shows the employment status of RTEC patients. Only 19 percent of RTEC patients are employed either full or part-time at admission. A majority (79.5 percent) of the patients were out of work or unable to work.

TABLE 3: Employment Status

	Admission	6 Months	12 Months	%Change at 12 Months
Employed full/part-time	19.2%	54.2%	52.1%	32.9%
Out of work	65.4%	37.5%	47.8%	-17.6%
Homemaker	1.3%	0.0%	0.0%	-1.3%
Unable to work	14.1%	8.3%	0.0%	-14.1%

Recovery affects employment. Follow-up at the 12-month mark indicated roughly a third percent increased in employment. Figure 3 shows the employment trend over time at admission, 6 months, and finally at 12 months.

FiGURE 3: Employment over time



Overall, those out of work dropped sharply at 6 months and trended up (10.3 percent) at 12 months. This trend may reflect overall jobless numbers in Montana. The National Conference of State Legislatures reported steady unemployment throughout 2011, with a slight increase during the middle months of the year.[xiv] Unemployment rates, particularly in the western part of the state, are higher than the average overall rate. This is an area of opportunity for Rimrock Foundation to encourage and assist in productive employment in RTEC patients between 6 and 12 months of recovery. Interestingly, job satisfaction increased at 12 months.[xv]

The primary source of income for those at 12 months of treatment was from employment wages. Table 4 reports the various sources of income for RTEC patients.

None of the RTEC patients were retired, and approximately 11 percent reported disability income. About one third of respondents are on public assistance.

TABLE 4: Primary Source of Income

	Percentage
Wages (from your job)	58.2%
Public assistance	30.4%
Disability	11.4%
Retirement	0.0%

Curiously, less than one third of patients reported public assistance as their primary source of income, yet almost half (47.8 percent) reported being out of work at 12 months.

Housing

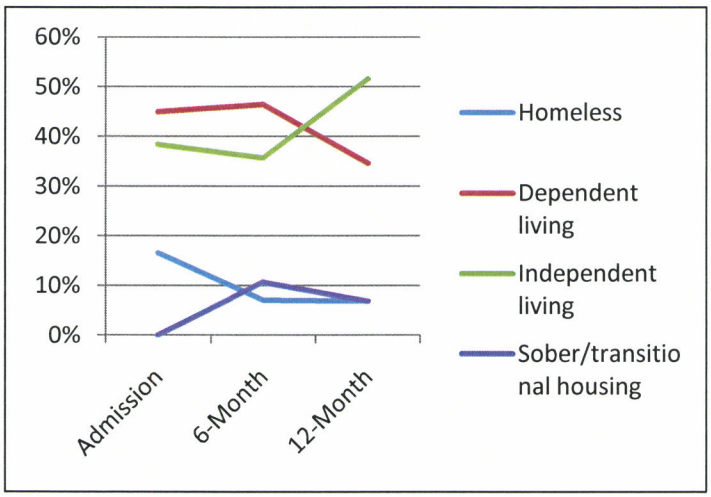
Although accurate data is difficult to obtain among the homeless, NSDUH estimates 38% of homeless people were dependent on alcohol and 26% abuse other drugs.[xvi] Over the duration of treatment, homelessness among RTEC decreases. Table 5 summarizes the change of housing status from admission, at 6 months, and at 12 months. The highest prevalence of homelessness is at admission (16.6 percent), while the highest prevalence of independent living is reported at 12 months.

TABLE 5: Housing Status

	Admission	6 Months	12 Months	%Change at 12 Months
Homeless	16.6%	7.1%	6.9%	-9.7%
Dependent living	44.9%	46.4%	34.6%	-10.3%
Independent living	38.5%	35.8%	51.7%	13.2%
Sober/transitional housing	0.0%	10.7%	6.8%	6.8%

Figure 4 illustrates housing status among RTEC patients over time. Dependent living, that is, living with family or friends, abruptly dropped from 6 to 12 months, while independent living sharply increased.

FIGURE 4: Housing Status Over Time



Generally, RTEC patients live in a household without someone who has a drug or alcohol problem. Table 6 indicates the percentage of RTEC patients who lived with someone with a drug or alcohol problem during treatment. Interestingly, the percentage of those who reported living with someone who has a drug or alcohol abuse problem increased at the 6-month period, but no patients were living with someone with a drug or alcohol problem at 12 months.

TABLE 6: Living with Someone who Has Drug/Alcohol Problem

	Admission	6 Months	12 Months
Yes	18.2%	42.9%	0.0%
No	81.8%	57.1%	100.0%

Substance Abuse

According to the recently released results from the National Survey on Drug Use & Health, an estimated 22.5 million Americans aged 12 or older were current illicit drug users in 2011.[xvii] In Montana, overall illicit drug use is estimated to be around 105,609 drug and/or alcohol abusers or 10.6% of the population.[xviii] Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

RTEC patients report a variety of drug and alcohol choices. Table 7 shows almost three quarters of RTEC patients reported alcohol as their drug of choice. Some of the respondents reported more than one drug and/or alcohol.

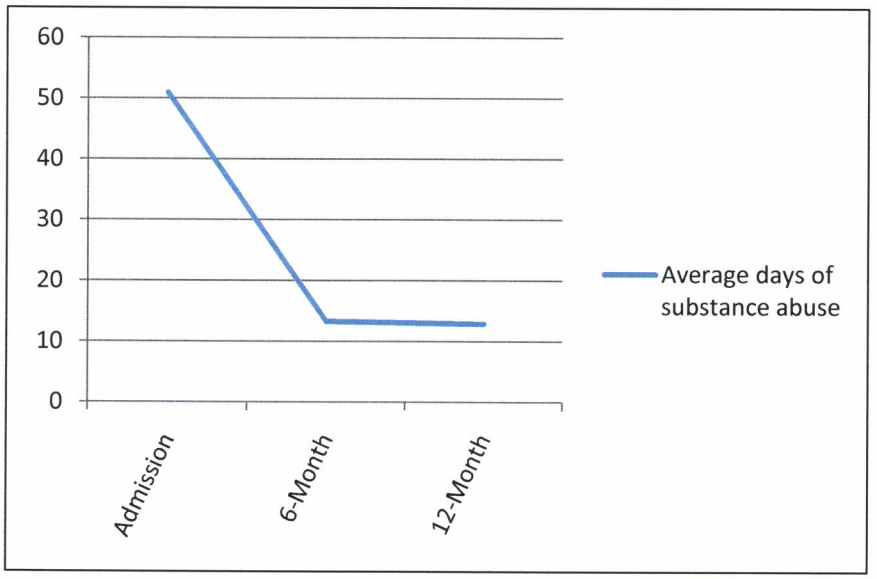
TABLE 6: Drug of Choice*

	Percentage
Alcohol	74.3%
Methamphetamine	17.9%
Inhalants	0.0%
Sedative/Tranquilizers/Downer	15.4%
Cannibus/Pot	45.5%
Opiates	31.2%
Cocaine	6.4%
Heroin	1.3%
Hallucinogen	1.3%
Stimulants	2.6%

*Does not equal 100% because some respondents report multiple uses.

No RTEC patients reported the use of inhalants. Roughly 46 percent of respondents reported the use of cannabis or pot. The average number of days of substance abuse for the previous 90 days was reported to be 51 days at admission. At twelve months of treatment, the average daily use of substance abuse reported for the previous 90 days had fallen by 38 days to 13 days. Figure 5 shows the abrupt decline in average substance abuse at 6 and 12 months.

FIGURE 5: Substance Abuse over Time



Relapse

Relapse is defined as a return to drinking or using. The purpose of the Rimrock Foundation Relapse Prevention Program is to expand on the initial skills patients gain in primary treatment. The Relapse Prevention Program provides continuing support as patients establish themselves in recovery. Patients attend both traditional care as well as participate in a relapse prevention group that is longer in duration than the traditional group. The goal of the program is to help the patient develop coping skills that improve the likelihood of remaining abstinent. Patients demonstrate skills and behaviors to address life problems without returning to the use of mood-altering alcohol or drugs. The program is scheduled for once a week and patients commit to a minimum of 16 weeks. At 6 and 12-month intervals, patients were asked if they experienced a relapse from their most recent discharge from Rimrock Foundation. Table 8 summarizes the percentage of those who relapsed at 6 months and 12 months. Relapse is higher at 12 months (40.0

percent) than at 6 months (28.6%). A majority of patients had not relapsed at 12 months (60.0 percent). Relapse increased between the 6 and 12-month periods indicating an opportunity to reinforce support for recovery, problem-solving skills, stress management, and motivation for 12-step attendance.

TABLE 8: Relapse

	6 Months	12 Months
Yes	28.6%	40.0%
No	71.4%	60.0%

The Aftercare Program at Rimrock Foundation is available for patients who have successfully completed inpatient, residential, partial hospitalization, and intensive in/out-patient treatment programs. The goals of the program are to provide a supportive group experience that reinforces the knowledge and skills learned in inpatient treatment. The objective is to aid the patient in finding self-help resources of support for on-going recovery. Table 9 summarizes the attendance of aftercare at 6 months and again at 12 months. At 6 months, the majority of patients (66.7 percent) attended one to two months of aftercare. At 12 months, roughly half of all patients were attending two or more months of aftercare.

TABLE 9: Attended Aftercare

	Less than 1 month	1-2 Months	2+ Months
6 months	0.0%	66.7%	33.3%
12 months	0.0%	50.0%	50.0%

At 12 months, all patients were motivated to pursue recovery and believed the peer group sessions to be helpful. Table 10 summarizes the responses to adequate

aftercare planning, the helpfulness of peer group sessions, and the patients' motivation to pursue recovery.

TABLE 10: Treatment

	Yes	No
Adequate aftercare planning	98.1%	1.9%
Peer group helpful	100.0%	0.0%
Motivated to pursue recovery	100.0%	0.0%

Overwhelmingly, a majority (98.1 percent) of patients believed aftercare planning to be adequate.

Criminal Justice System Involvement

Although 40.4 percent of RTEC patients reported not being involved with the legal system 90 days prior to admission, many patients had been arrested for violating the law. Table 11 breaks down the crimes patients were charged with 90 days prior to admission.

TABLE 11: Crimes Committed*

	Percentage
Shoplifting	1.4%
Drug charges	11.1%
Parole/probation violation	11.1%
Forgery	1.4%
Burglary/larceny	2.8%
Weapons	1.4%
Assault	6.9%
Contempt of court	6.9%
Disorderly conduct	5.6%
Driving under the influence	19.4%
Reckless driving	1.4%
Other driving violations	11.1%
None	44.4%

*Percentages do not add up to 100% because some patients committed more than one offense.

Driving while under the influence (19.4 percent), other driving violations (11.1 percent), parole/probation violations (11.1 percent), and drug charges (11.1 percent) were the

major crimes committed prior to admission. Table 12 summarizes the average number of days of incarceration. At admission, patients reported an average of 14.2 days of incarceration in either jail or prison.

TABLE 12: Average Days of Incarceration

	Admission	6 Months	12 Months	Change at 12 Months
Jail	9.4	13.3	0.0	-9.4
Prison	4.8	0.0	0.0	-4.8
Electronic monitoring	2.0	0.0	0.0	-2.0

At 12 months, no patient reported being incarcerated at 12 months of treatment for the previous 90 days. With a slight uptick at 6 months for average days in jail, incarceration dropped during treatment.

Generally, RTEC patients reported a decrease in parole/probation violation, DUI arrests, and readmission to treatment. Table 13 summarizes the percentages of those who have had parole/probation violations (4.3 percent) at 6 months. No RTEC patient had been arrested or readmitted to treatment at 6 months. These figures remained relatively constant at 12 months. Table 14 depicts similar percentages.

TABLE 13: 6-Month Follow-up Criminal Justice Involvement

	Yes	No
In last 30 days, have you:		
Had a parole/probation violation	4.3%	95.7%
Had a DUI arrest	0.0%	100.0%
Been readmitted to treatment	0.0%	100.0%

TABLE 14: 12-Month Follow-up Criminal Justice Involvement

	Yes	No
In last 30 days, have you:		
Had a parole/probation violation	4.7%	95.3%
Had a DUI arrest	0.0%	100.0%
Been readmitted to treatment	0.0%	100.0%

Health Status

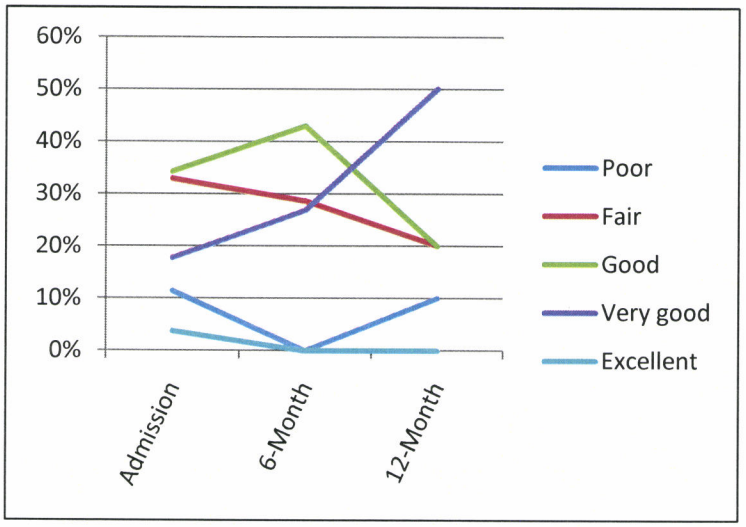
Individuals in recovery were generally healthy. RTEC patients were asked to rate their health from poor to excellent. Table 15 summarizes individuals' perceptions of their health.

TABLE 15: Health Status

	Admission	6-Month	12-Month	%Change from 12-Month
Poor	11.4%	0.0%	10.0%	-1.4%
Fair	32.9%	28.6%	20.0%	-12.9%
Good	34.2%	42.9%	20.0%	-14.2%
Very good	17.7%	26.8%	50.0%	32.3%
Excellent	3.8%	0.0%	0.0%	-3.8%

Roughly 10 percent of patients report their health to be poor after 12 months of treatment. Approximately 70 percent of individuals report their health to be very good or excellent at 12 months. About one third of patients report an increase in perception of health status from admission to 12 months. Although no patient reported excellent health at 12 months, those reporting very good health steadily increased over time. Figure 6 reports RTEC patient health status over time. Those who reported very good health sharply increased after 6 months of treatment.

FIGURE 6: Health Status over Time



Well-being and Patient Satisfaction

Patients were asked about self-esteem on admission, at 6 months, and again at 12 months. As Table 16 shows, self-esteem increased from 12.7 percent at admission to 30.0 percent at 12 months. Patients who reported some dissatisfaction with self-esteem increased from 6 to 12 months (10.0 percent). The average score at 12 months, where 1 equals extremely dissatisfied and 5 equals extremely satisfied, was 3.2.

TABLE 16: Patient Satisfaction - Self-Esteem

	Extremely Dissatisfied 1	2	3	4	Extremely Satisfied 5
Admission	24.1%	27.8%	24.1%	11.3%	12.7%
6-month follow-up	0.0%	28.6%	42.8%	14.3%	14.3%
12-month follow-up	10.0%	30.0%	20.0%	10.0%	30.0%

Over one third of patients (33.8 percent) reported difficulty with goals or direction in life at admission. After 12 months of treatment, only 10.0 percent of patients reported

TABLE 18: Treatment/Facility Satisfaction

	Always	Mostly	Never
Involvement with treatment planning	83.0%	7.0%	0.0%
Treated with respect	78.8%	21.2%	0.0%

Eighty-three percent of patients were involved with their treatment planning and over three quarters of patients reported they were always treated with respect. Over 90 percent of patients felt they had an excellent relationship with their counselor. Patients were asked to rate their counselor as excellent, helpful, or not good. Table 19 describes the patients' responses regarding their counselor.

TABLE 19: Relationship with counselor

Excellent	96.2%
Helpful	3.8%
Not good	0.0%

Only 3.8 percent of patients did not rate their counselor as excellent. Individual comments included: "I've never met someone like Jennifer. She got me to open up and helped me realize the important things in life." I would like to praise the work [of] Joseph, Lee, and Mike for their excellent people skills and overall work. Peter is the most outstanding counselor I ever met."

At 12 months, patients were asked to evaluate their care, with one being extremely dissatisfied with their care and five being extremely satisfied with their care. Table 20 summarizes the patient satisfaction scores with their care at Rimrock Foundation.

TABLE 20: Patient Satisfaction with Rimrock Foundation Treatment

	Extremely Dissatisfied 1	2	3	4	Extremely Satisfied 5
6-month follow-up	14.3%	0.0%	14.3%	14.3%	57.1%
12-month follow-up	10.0%	10.0%	30.0%	10.0%	40.0%

Over half the patients (57.1 percent) were extremely satisfied with their care at 6 months, while that percentage dropped to 40.0 percent after 12 months of treatment. Only 10.0 percent of patients were extremely dissatisfied with their treatment at 12 months and 80.0 percent would recommend Rimrock Foundation for treatment. When asked about overall care, over 98 percent were satisfied. Table 21 summarizes the percentage of patients who would recommend Rimrock Foundation for treatment.

TABLE 21: Recommend Rimrock Foundation

	6 Months	12 Months
Yes	71.6%	80.0%
No	28.6%	20.0%

An overwhelming majority recommended Rimrock Foundation at 6 months (71.6 percent) and again at 12 months (80.0 percent). The percentage of those who did not recommend Rimrock Foundation decreased by 8.6 percent after 12 months of treatment.

Conclusions

Drug and alcohol abuse is a chronic brain disease that results in drug seeking behavior. Substance abuse is complex and treatment is not simple. In Montana, illicit drug and alcohol abuse ranks higher than the national average, and thousands of individuals who need treatment, never receive it.

Rimrock Foundation, through the Residential Treatment Expansion Consortium, offers detoxification and stabilization. In 2011, RTEC patients demonstrated an increase in productive employment at 12 months. Homelessness and criminal involvement, overall, decreased. A majority of patients had not experienced a relapse after 12 months of treatment. Patients reported an increase in health status and well being and were motivated to continue to pursue recovery. Over 98 percent of patients were satisfied with their overall care, and 80 percent of patients would recommend Rimrock Foundation for treatment.

Rimrock Foundation counselors have an opportunity to reinforce support for recovery, problem-solving skills, stress management, and motivation for 12-Step attendance from admission to the 6-month mark to maintain continuous recovery and encourage gainful, productive employment. Continued funding of the RTEC program will ensure high quality treatment services at Rimrock Foundation as well as provide opportunities to reinforce and grow support services for continued recovery.

[i] National Institute on Drug Abuse. *Addiction science: from molecules to managed care.* Retrieved from http://www.drugabuse.gov/publications/addiction-science-molecules-to-managed-care/introduction/drug-abuse-costs-united-states-economy-hundreds-billions-dollars-in-increased-health

[ii] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings,* NSDUH Series H-44, HHS Publication no. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

[iii] NSDUH defines binge drinking as having five or more drinks on the same occasion on a least one day in the 30 days prior to being surveyed.

[iv] Seninger, Steve. (January 2010). Economic costs of alcohol-related vehicle crashes in Montana. Retrieved from http://www.bber.umt.edu/pubs/health/CostAlcoholCrashes2010.pdf

[v] NIDA http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

[vi] NSDUH defines illicit drugs to include marijuana/hashish, cocaine, inhalants, hallucinogens, heroin, or prescription-type drugs used non-medically.

[vii] Figures based on the 2010-2011 National Survey on Drug Use and Health Model-Based Estimates retrieved from http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsaeTables2011.pdf. Total illicit drug use in the U.S. is estimated to be 8.82% while illicit drug use in Montana is estimated to be 12.04%.

[viii] Data based on Center for Behavioral Health Statistics and Quality (CBHSQ) Data Review, April 2011. Retrieved from http://www.samhsa.gov/data/2k11/DataReview/DR004_State_VariationsDataReview.pdf

[ix] For more information, see State of Montana 2013 Annual Action Plan, retrieved from http://housing.mt.gov/content/CP/docs/DraftActionPlan2013-14.pdf

[x] Follow-up questionnaires at 6 months and 12 months were administered. The response rate was several points lower than at discharge. Efforts are being made to increase the response rates of all surveys for 2012 data.

[xi] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings,* NSDUH Series H-44, HHS Publication no. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

[xii] *Ibid*

[xiii] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS): 1997-2007. National Admissions to Substance Abuse Treatment Services,* DASIS Series: S-47, DHHS Publication No. (SMA) 09-4379, Rockville, MD, 2009. NOTE: TED Report cautions users when making comparisons among states.

[xiv] Unemployment rates reported from the National Conference of State Legislatures, retrieved from http://www.ncsl.org/issues-research/labor/state-unemployment-rates-for-2011.aspx

[xv] For an interesting discussion on the efficacy of substance abuse reduction intervention programs on employment status, see *The Effect of Substance Abuse and Employment Status*, by J.V. Terza and P.B. Vechnak, 2007. Retrieved from http://plaza.ufl.edu/jvt/Estat13.pdf

[xvi] National Coalition for the Homeless. Data quoted from a 2003 SAMHSA report. Retrieved from http://www.cohhio.org/pdf/Training/Homeless%20Sub-Populations.pdf

[xvii] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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